DEPARTMENT OF PUBLIC MEALTH AND WELF 38 AN							ION OF HEALTH - STANDARD CERTIFICATE OF DEATH	· ·
No. 19 1 1 1 1 1 1 1 1 1		RTM				Re	egistration District NoPrimary Registration District NoRegistrar's No	3 –
Description	ON THIS STUB		AMEI	ADED —	'		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	nce before
Description				1			a. COUNTY Dunklin adm	nission)
HOSPITAL OR Residence 23 N. Decatur Vs. 2 No. De	Rev. 4/59	2					b. CITY (If outside corporate limits, give TOWN\$HIP only) Length of stay in 1b C. CITY OR OR Insk	de Limits
HOSPITAL OR Residence 23 N. Decatur Ves 2 No part of the company of the cause of the company of the cause of the company of the cause o	1 2	Š			1	_	marden 1 12 year B Marden X	
3 AMARE OF DECASED FIRST Middle Last DEAT JULY 3 1463 4 O O O O O O O O O O O O O O O O O O	-	DATE /					HOSPITAL OR Desidence 813 M Decation - ADDRESS 817 M Decation	_
DELL MENT: ACTION OF BUSINESS OR INDUSTRY 1. BIRRHIAGE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 1. BIRRHIAGE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 1. BIRRHIAGE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 1. BIRRHIAGE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 1. Campbell, Missouri 1. S. A. Action of Business or Industry 1. BIRRHIAGE (City) and state or country) 12. CITIZEN OF WHAT COUNTRY 12.	91.	-	\Box	十	7	_3	(Type or print)	
Maile White White Order Army Arms of the Name of the N		-	11			_	DEL BERT RENZY ELDER DEATH JULY 3 10	963
MILE WILLE TO. USUAL OCCUPATION (Give kind of work done lob., KIND OF BUSINESS OR INDUSTRY 1). BHATPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Region of story, give kind of work done during great of working life, even if retired). Region of story, state of story, street, office bidg, act. and state of southy life was also or country. In year, and state of southy life was also or country. In year, and state of southy life was also or country. In year, and state of southy life was also or country. In year, and state of southy life was also or country. In year, and state of southy life was also or country. In year, and state or country. In year, and year, a	4 0	-						
duding man of working life, seen if retired) Retired Campent Campbell, Missouri U.S.A. 13. RATHERS MANE Charley Elder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rodges Goldie Elder Address Goldie Elder 18. N. Decatur Mallen Mane of Marked North Marked Research Address Goldie Elder Risk Marked Research Address Conditions, if any, PART I. DEATH Was CAUSED BY, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal between cause in personney in the show cause in personney in the show cause in personney in the show and in the show in the first of day was famile were a pregament in the show in the first of the first of the show in the	5 /							
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10 0 0 0 0 0 0 0 0 0		5		-			Charley Elder Phoda Emaline Blake Goldie Elder	
NO. AUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). Goldie Flder 813 N. Decatur Majden Member 1 Death WAS CAUSED BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE (a) IMMEDIATE	8 _ 1		-			15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)						(Ý	Nor Goldie Elder, 813 N. Decatur Male	den Mc
Indicate Cause (a) Indicat		₹			Ë		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET ALL ONSET ALL	. Between ND Death
which gave rise to above cause (a), stating the underlying cause last. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days there a p		ᅙᅜ]	Ì	¥		IMMEDIATE CAUSE (a) AND CONTINUAL FIRE TIME	mo-
which gave rise to above cause (a), stating the underlying cause last. NO STATE STATE					NO.		Orolling Better orcheric	ed i
SOUNTY STATE STA	1256 1	Z W	11				which gave rise to	
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NOW WAY TO THE PART II OF ITEM 18.) Yes No Unknown Yes No U		ξ				z	CART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III, If deceased was	female war
Y STATE 20d. INJURY CEMATION. 20e. PLACE OF INJURY (e.g., in or about home, with the date stated above, and to the best of my knowledge, from the causes stated. 21. I attended the decessed from the causes stated. 22e. SIGNATURE 22e. SIGNATURE 22e. SIGNATURE 22e. DATE SIGNED 23e. BURIAL, CREMATION, 23b. DATE	1.	1		- [100	disease condition given in PART I (a) there a pregnancy in	
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21. I attended the decessed from 4:30 a.m. of the date stated above, and to the best of my knowledge, from the causes stated. 222: SIGNATURE 222: SIGNATURE 223: SIGNATURE 224: SIGNATURE 225: NAME OF CEMETERY OR CREMATORY 236: BURIAL, CREMATION, 23b. JATE 236: BURIAL, CREMATION, 23b. JATE 236: BURIAL, CREMATION, 23b. JATE 237: NAME OF CEMETERY OR CREMATORY 238: BURIAL, CREMATION, 23b. JATE	y O N	¥				EDICA	INJURY a.m.	
21. I attended the decessed from 4:302 mm the date stated above, and to the best of my knowledge, from the causes stated. 22a: SIGNATURE 22a: SIGNATURE (Pegree or title) 22b. ADDRESS 22c. DATE SIGNET 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)						*	20d. INJURY OCCURRED WHILE AT WORK 100	STATE
222: SIGNATURE 222: SIGNATURE 222: SIGNATURE 222: DATE SIGNET 223: BURIAL, CREMATION, 233: JATE 232: NAME OF CEMETERY OF CREMATORY 234: BURIAL, CREMATION, 233: JATE 236: BURIAL, CREMATION, 233: JATE 237: DESTRICT OF CREMATORY 238: BURIAL, CREMATION, 238: JATE 248: BURIAL, CREMATION, 24	A 8 8	A O			11		her allies on	
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23a, BURIAL, CREMATION, 23b. MATE 23c. NAME OF CEMETERY OF CREMATION	⊃ ₹	몿		-	_		(1) some (Vroan M) // while New 7	9-63
C REMOVAL (Specify) July 5,1963 Elder Cemetery Campbell Mo Rte. 2	-	<u> </u>	4	\perp	_ ₹I	23	Ba. BURIAL, CREMATION, 23b. JATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (S	itate)
ADDRESS 25. DATE RECD. BY LOCAL REG. 25. REGISTRAR'S SIGNATURE		Š			딢		Burial July 5,1963 Elder Cemetery Camprell Mo. Rie 2	
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(Licensed Embalmer Statement on Reverse Side)

2961 88 JAC

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TATEMENT BY LICENSEN EMBALMES

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or by		, Student Embalmer No
working under my pers	onal supervision.	4. 1 . 4
Student		Signed Richard V. Beach
Signa	ture of Student Embalmer	
_		Licensed Embalmer No. 5//6
		P. O. Address Malden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.